Provider Web Portal Quick Guide – Submitting a Claim with Other Insurance or Medicare Crossover Information

This Quick Guide covers when and how to enter other insurance information (Third-Party Liability) or Medicare crossover information.

Other insurance information should be entered on claims with Third-Party Liability (TPL)/commercial insurance. For claims billed to Medicare, provide the Medicare crossover information (see description below).

Medicare crossover information should be entered on any claim that was billed to Medicare first. The term "Crossover claim" may refer to a claim that is directly from Medicare (and has since "crossed over" to Health First Colorado [Colorado's Medicaid Program] for processing) **or** a provider-initiated claim (submitted via the Provider Web Portal, batch or paper)." A crossover claim does not necessarily have to come directly from Medicare. Medicare Health Maintenance Organization (HMO) Co-pays should be treated like original Medicare Coinsurance. Enter the total of Medicare Coinsurance + Medicare Co-pay amount into the Co-insurance Amount field under the Medicare Crossover Details section of the claim.

From the list below, identify the example below which most closely matches your claim, then proceed to the appropriate page for instructions. The sample screens shown in this guide may vary depending on claim information.

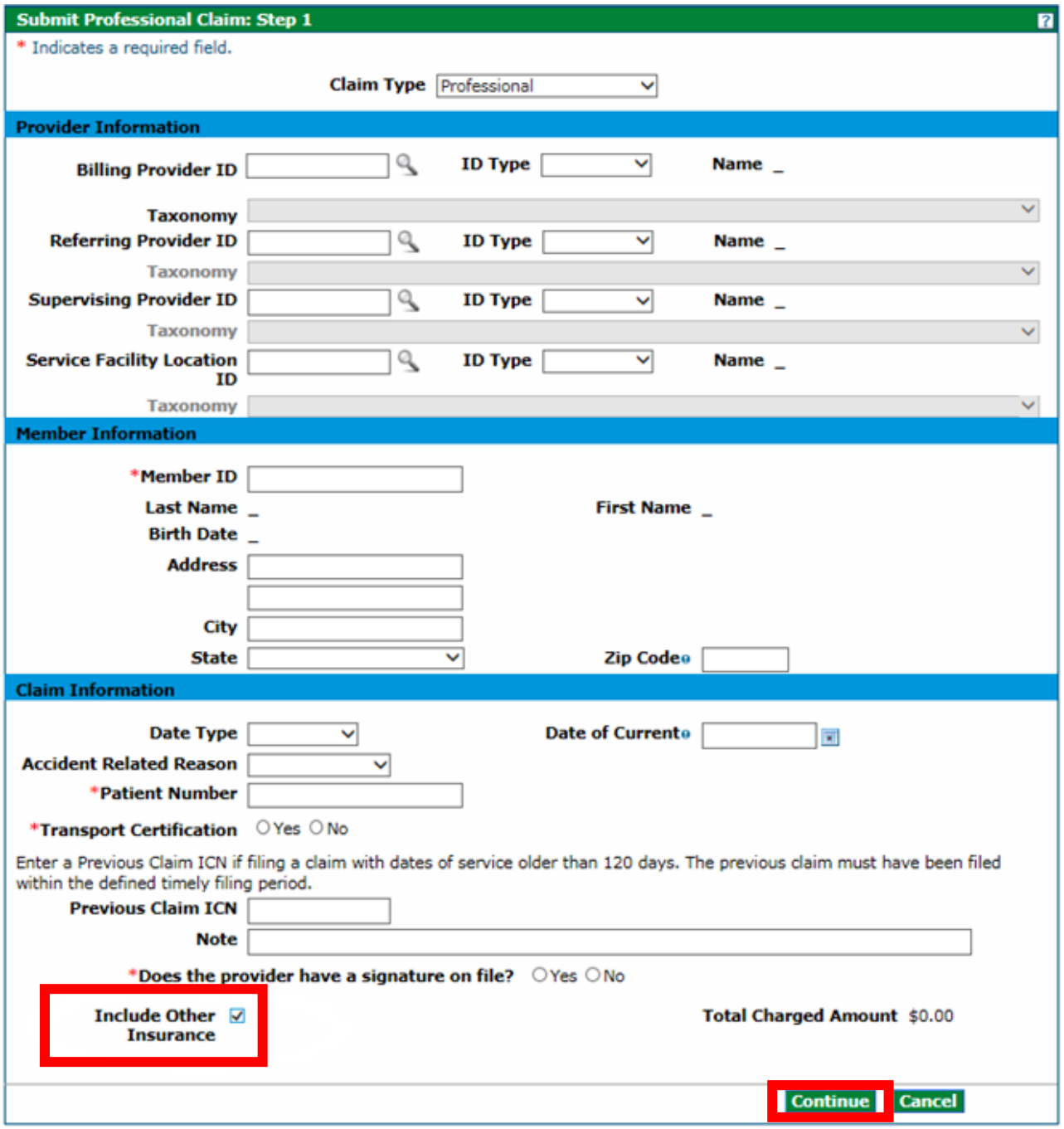
Entering Other Insurance Information on a Claim

Entering Medicare Information on a Claim

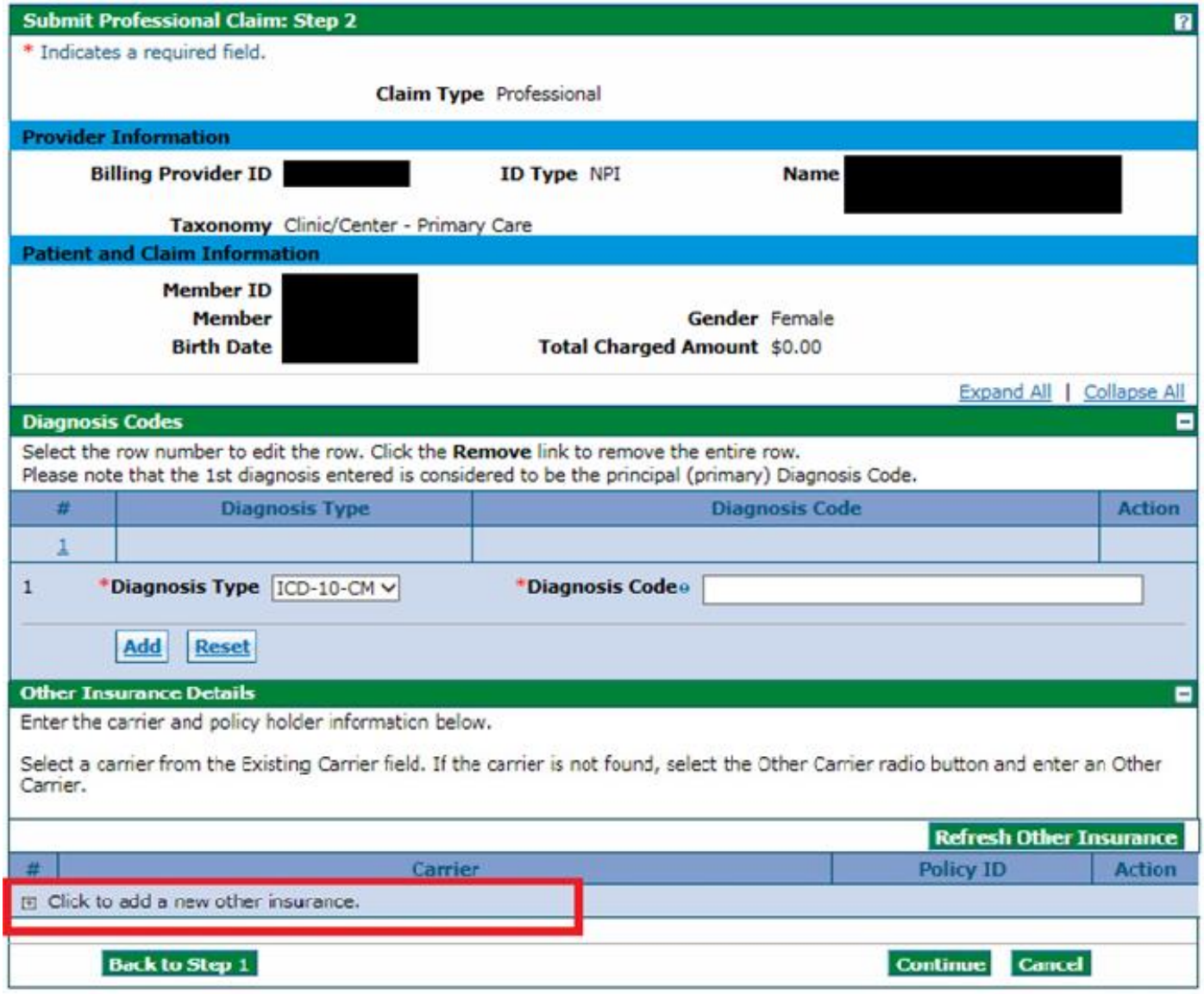
Entering Other Insurance Information on a Claim

Professional Claim with TPL

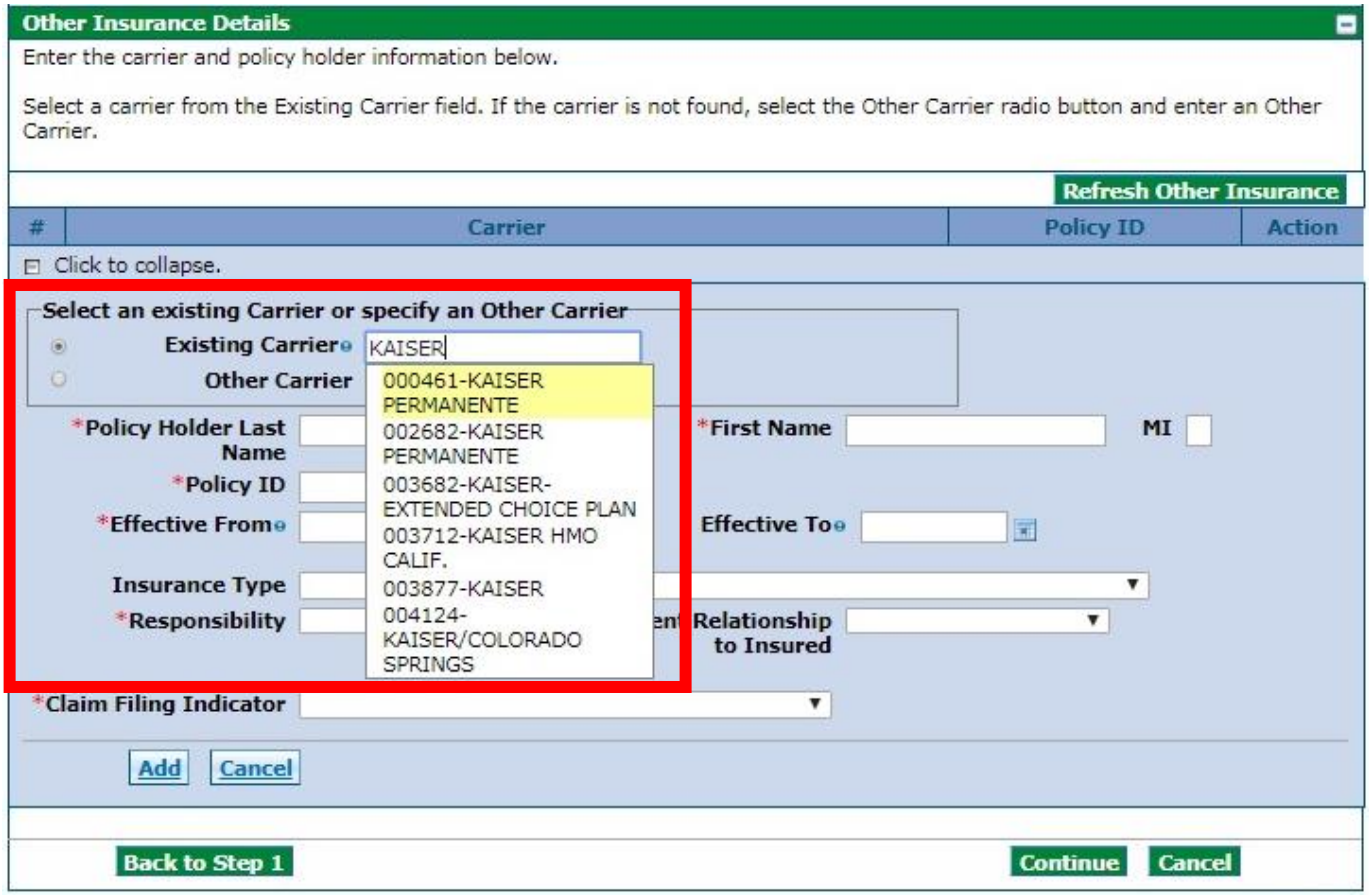
1. **On the Submit Professional Claim: Step 1 page, complete all applicable fields, then check the "Include Other Insurance" box under the Claim Information section. Click "Continue." If you are submitting a claim with Medicare crossover information, see the instructions starting on page 13 of this guide.**



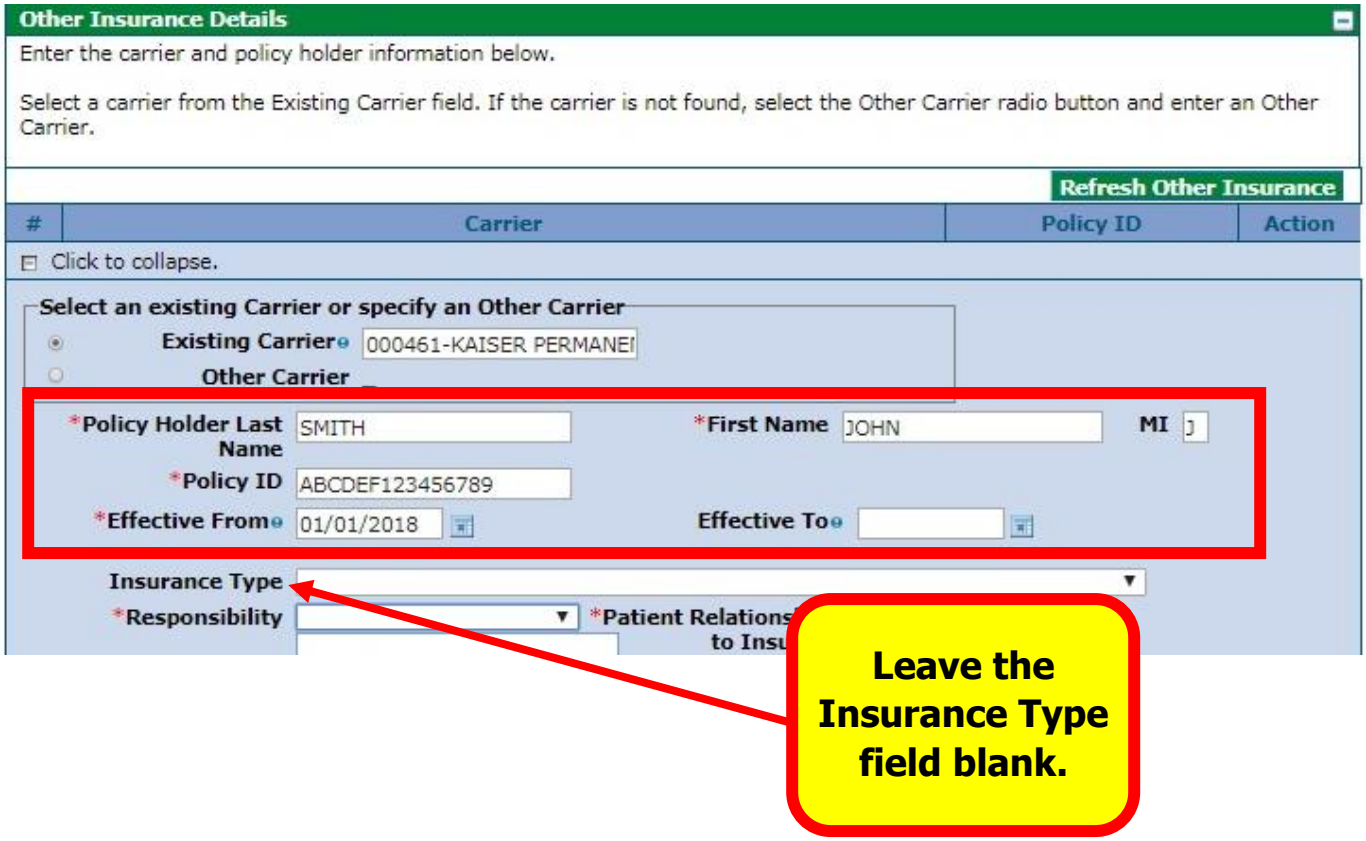
2. On the Submit Professional Claim: Step 2 page under the Other Insurance Details section, click [+] to add new other insurance information.



3. Enter the insurance company name in the Existing Carrier field, then select the appropriate carrier from the drop-down list. If the carrier is not found, select Other Carrier and type the Carrier Name.

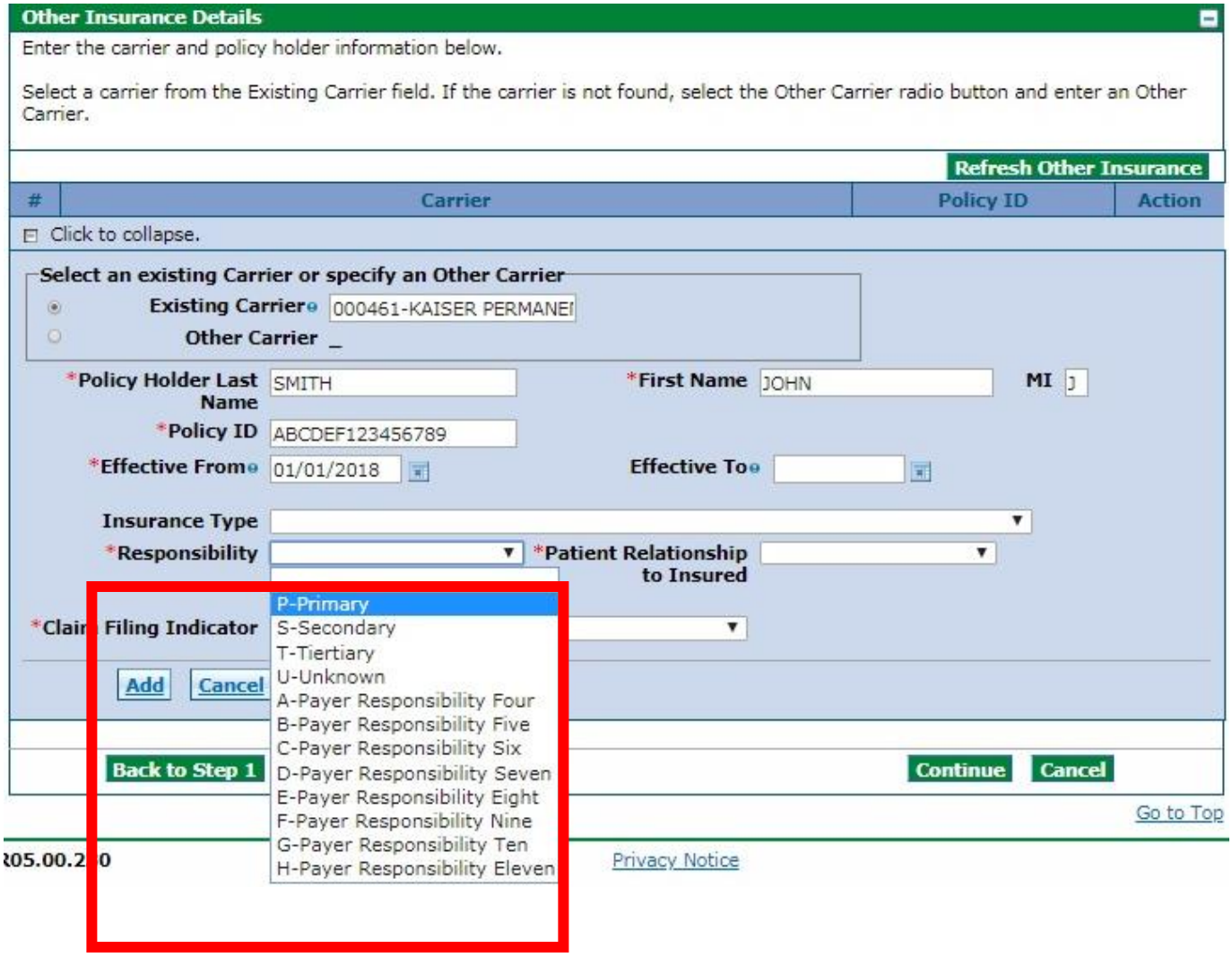


4. Enter the Policy Holder Last Name, First Name, Policy ID and Effective Dates (as applicable). Leave the Insurance Type field blank.

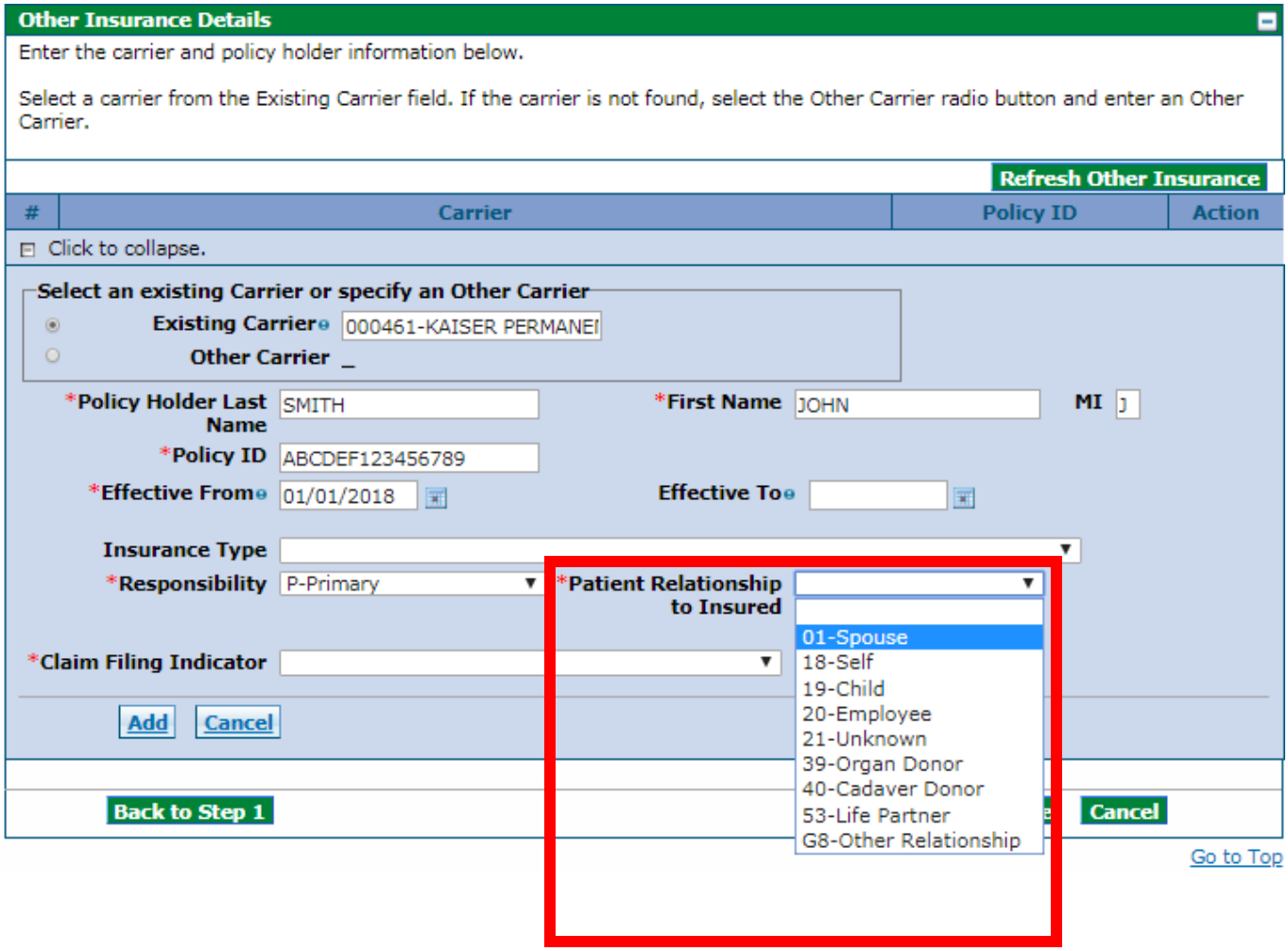


5. Select the payer responsibility from the drop-down list.

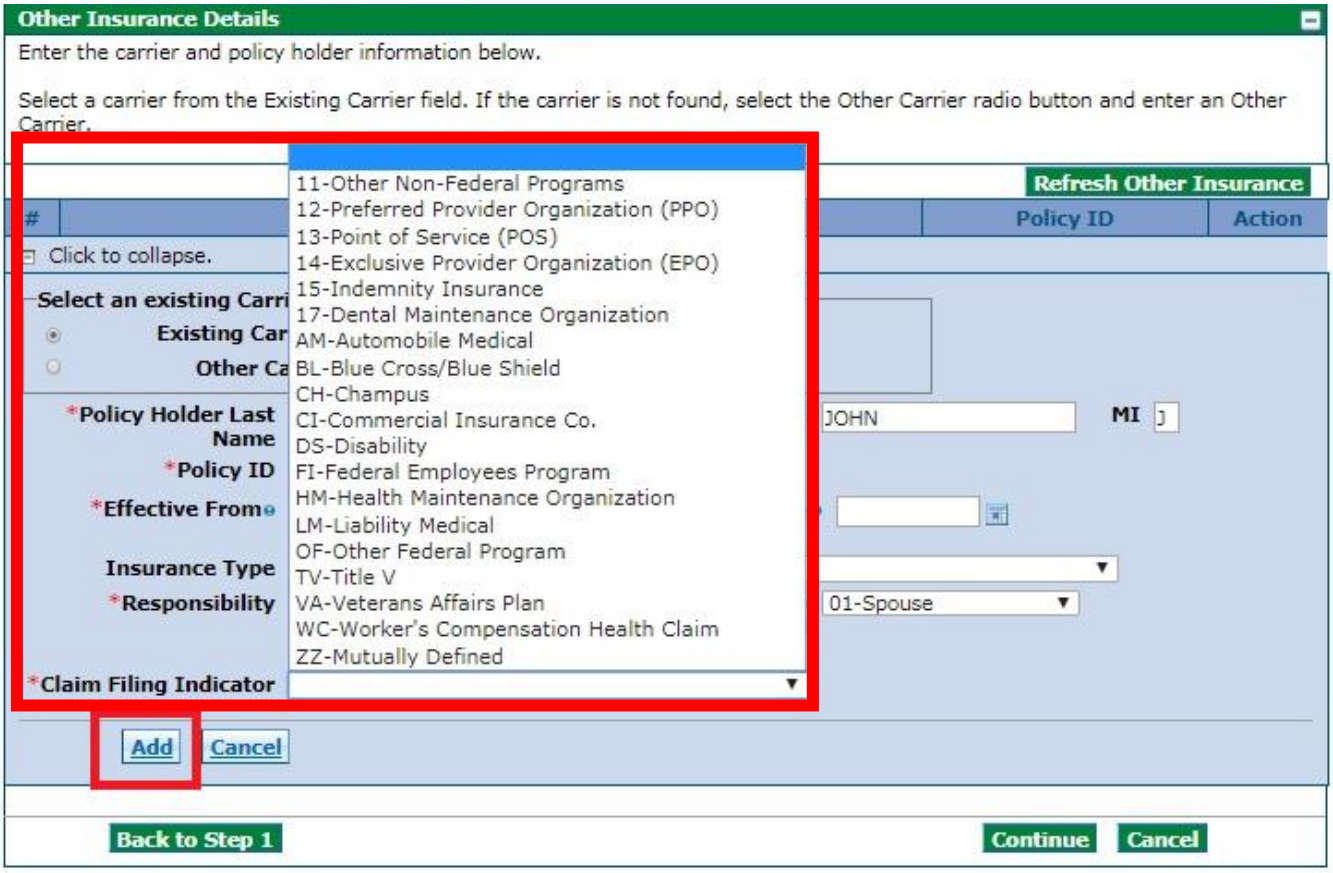
Note: Health First Colorado is the payor of last resort.



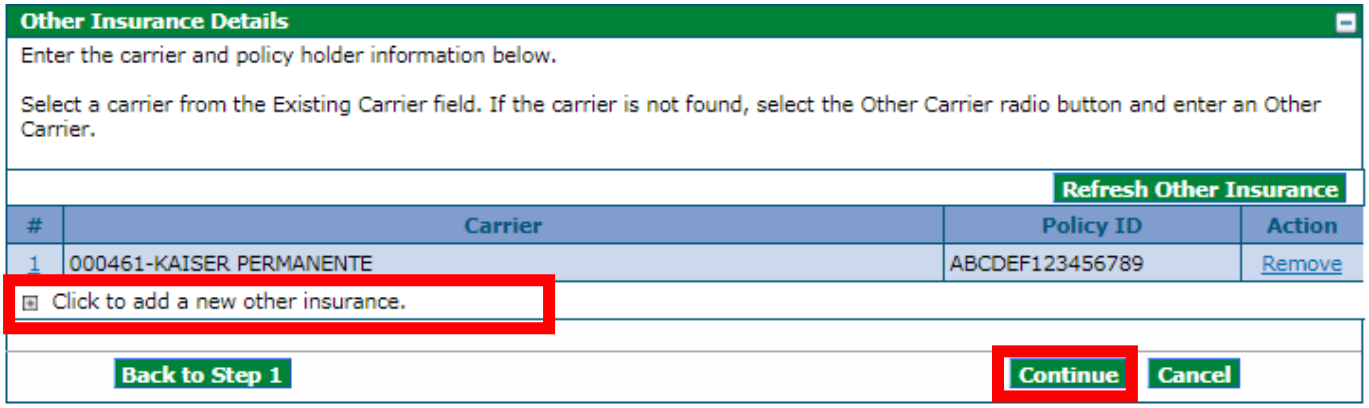
6. Select the relationship of the covered individual to the responsible individual from the drop-down list.



7. Select the Claim Filing Indicator from the drop-down list, then click the "Add" button.



8. Review the next screen to ensure the other insurance information has been saved. If you are finished adding other insurance information, click "Continue." If you need to add more other insurance information, click + and repeat the applicable steps.



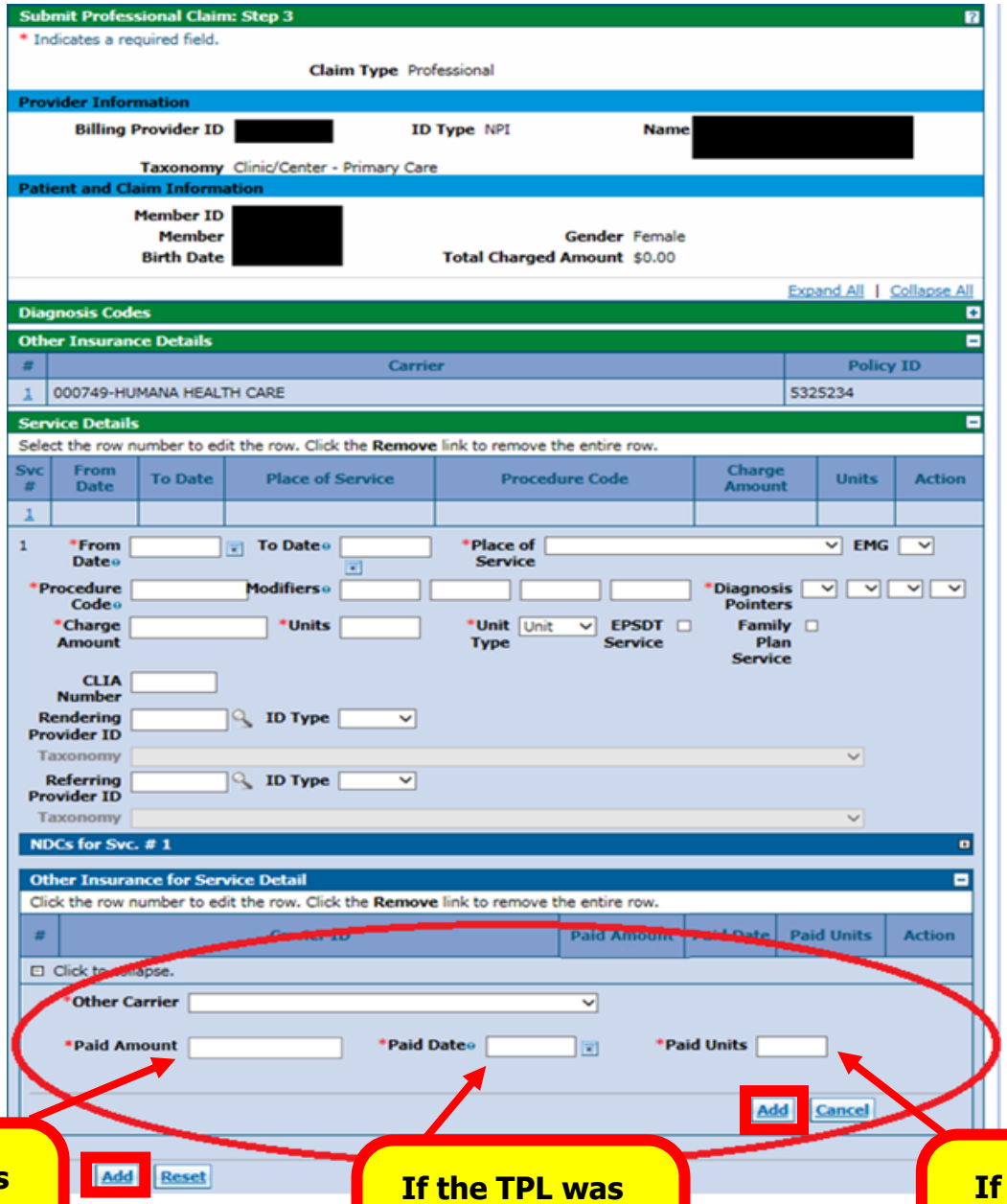
9. Proceed to the Submit Professional Claim: Step 3 page and complete all applicable fields. Click "Add," then repeat the process until all service detail lines have been added.

Whether the TPL was paid or denied, you must enter a paid date.

TPL Denied

If the TPL was denied, enter "0.00" in the Paid Amount field and "1" in the Paid Units field.

Once complete, click "Submit."



If the TPL was denied, enter "0.00" in the Paid Amount field.

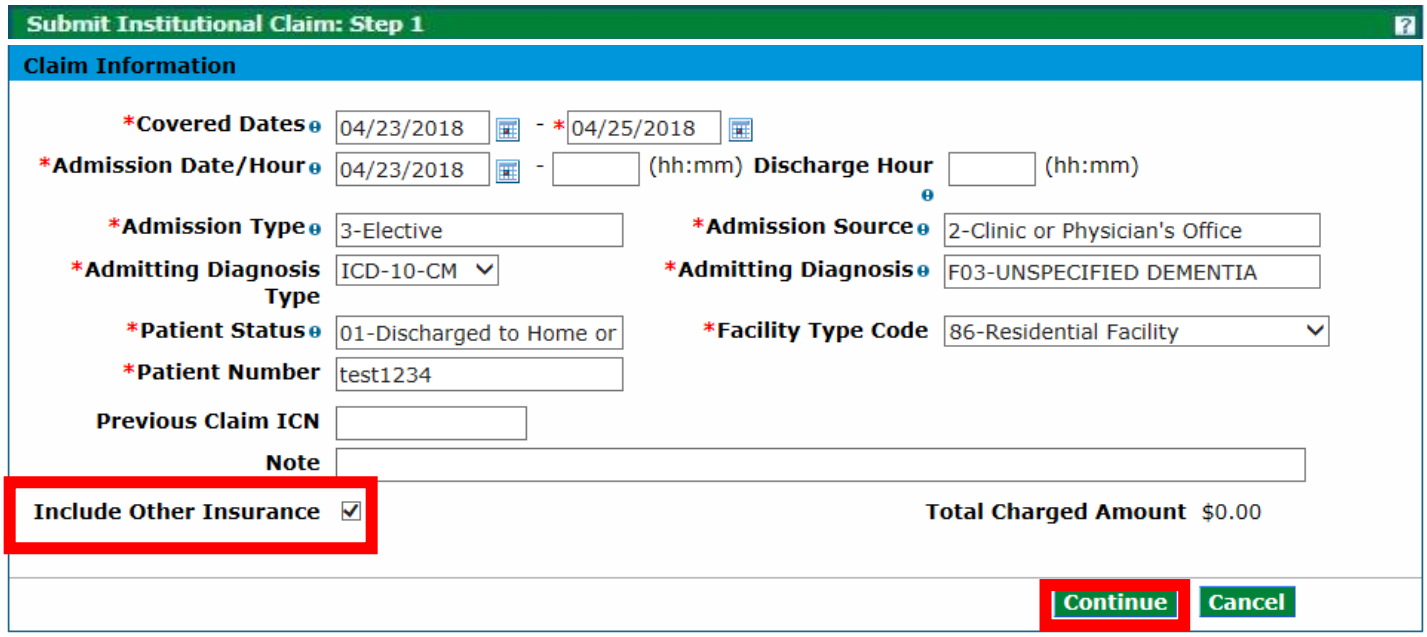
If the TPL was denied, enter the denial date in the Paid Date field.

If the TPL was denied, enter "1" in the Paid Units field.

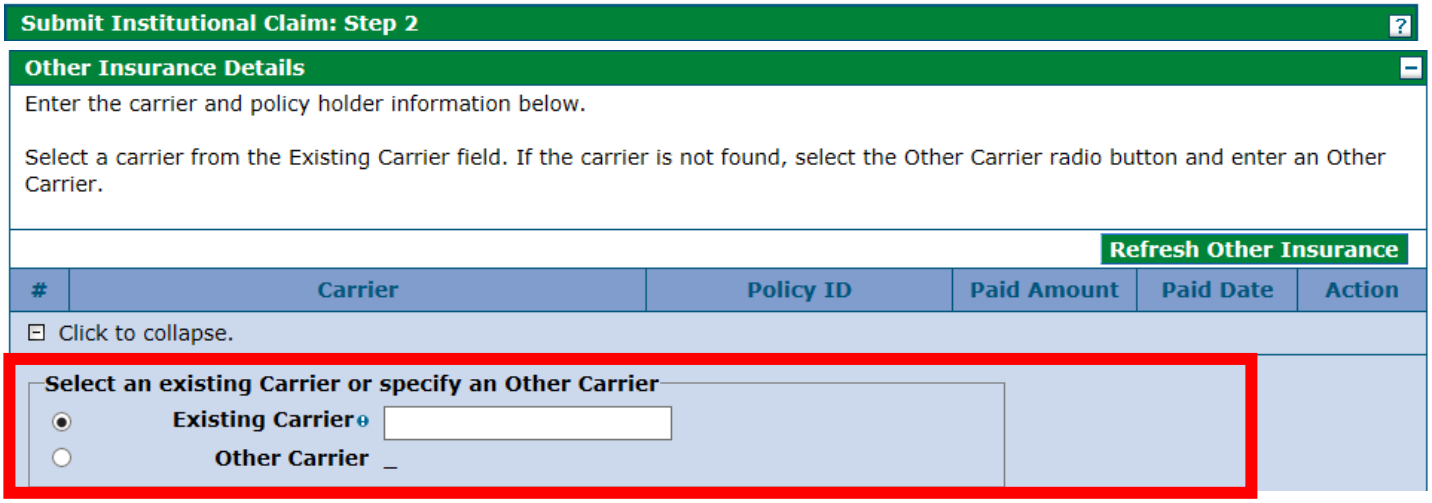
Institutional Claim with TPL

1. On the Submit Institutional Claim: Step 1 page, complete all applicable fields.

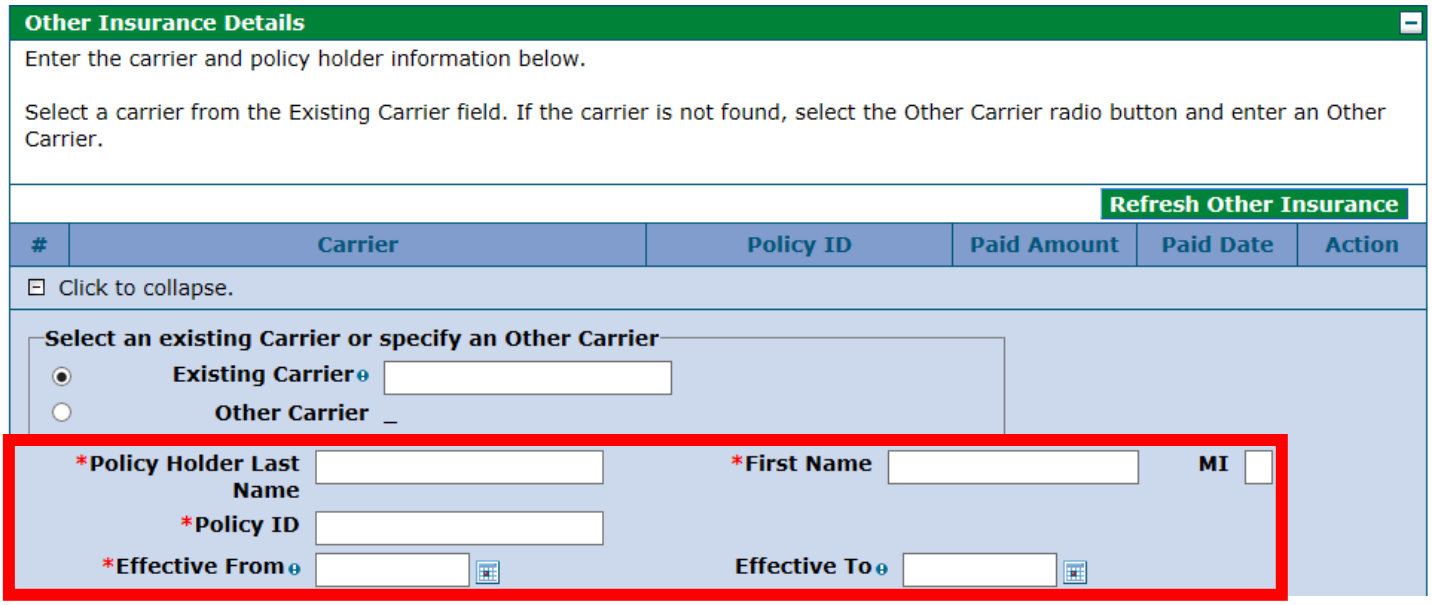
Check the "Include Other Insurance" box under the Claim Information section, then click "Continue."



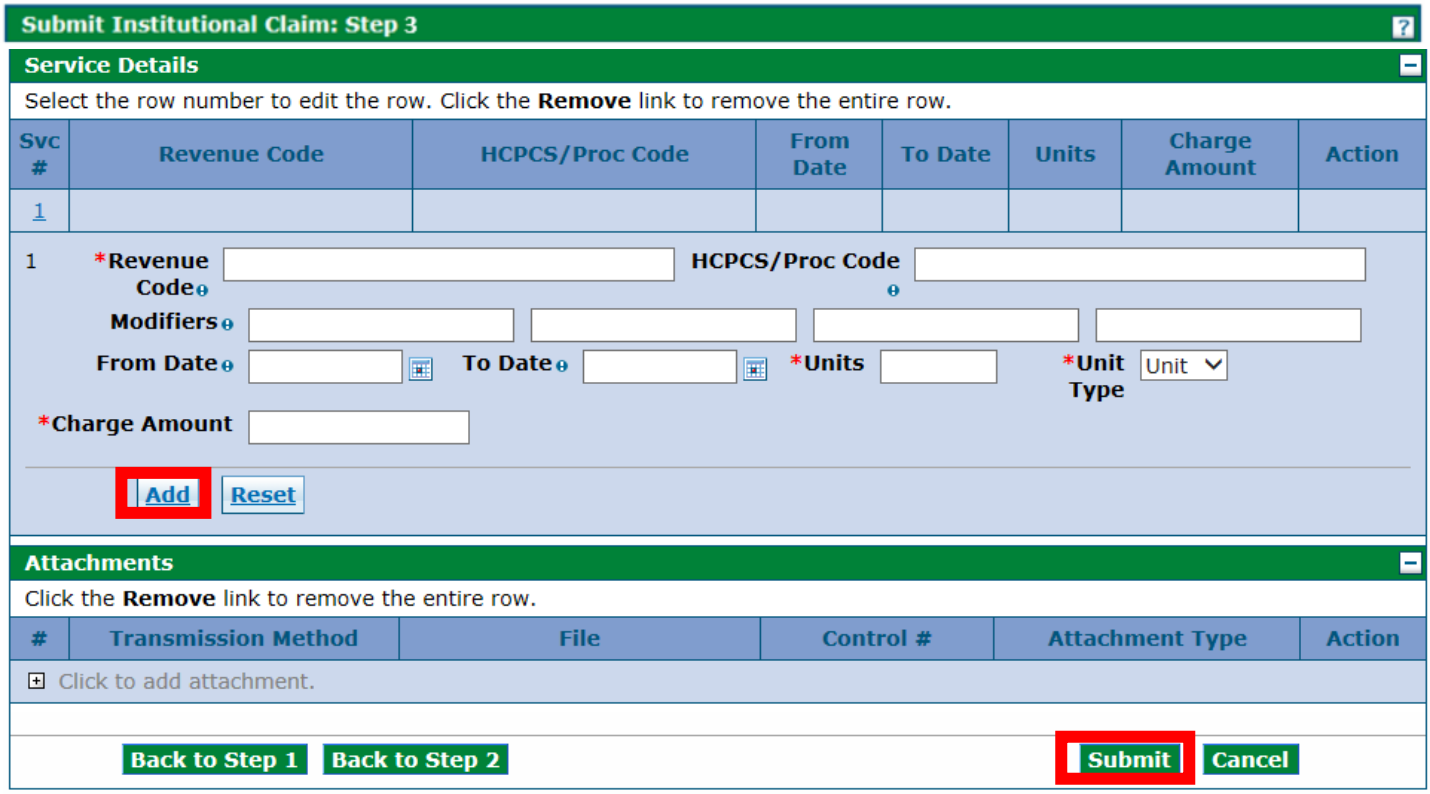
2. On the Submit Institutional Claim: Step 2 page under the Other Insurance Details section, enter the insurance company name in the Existing Carrier field, then select the appropriate carrier from the drop-down list. If the carrier is not found, select Other Carrier and type the Carrier Name.



3. Enter the Policy Holder Last Name, First Name, Policy ID and Effective Dates.



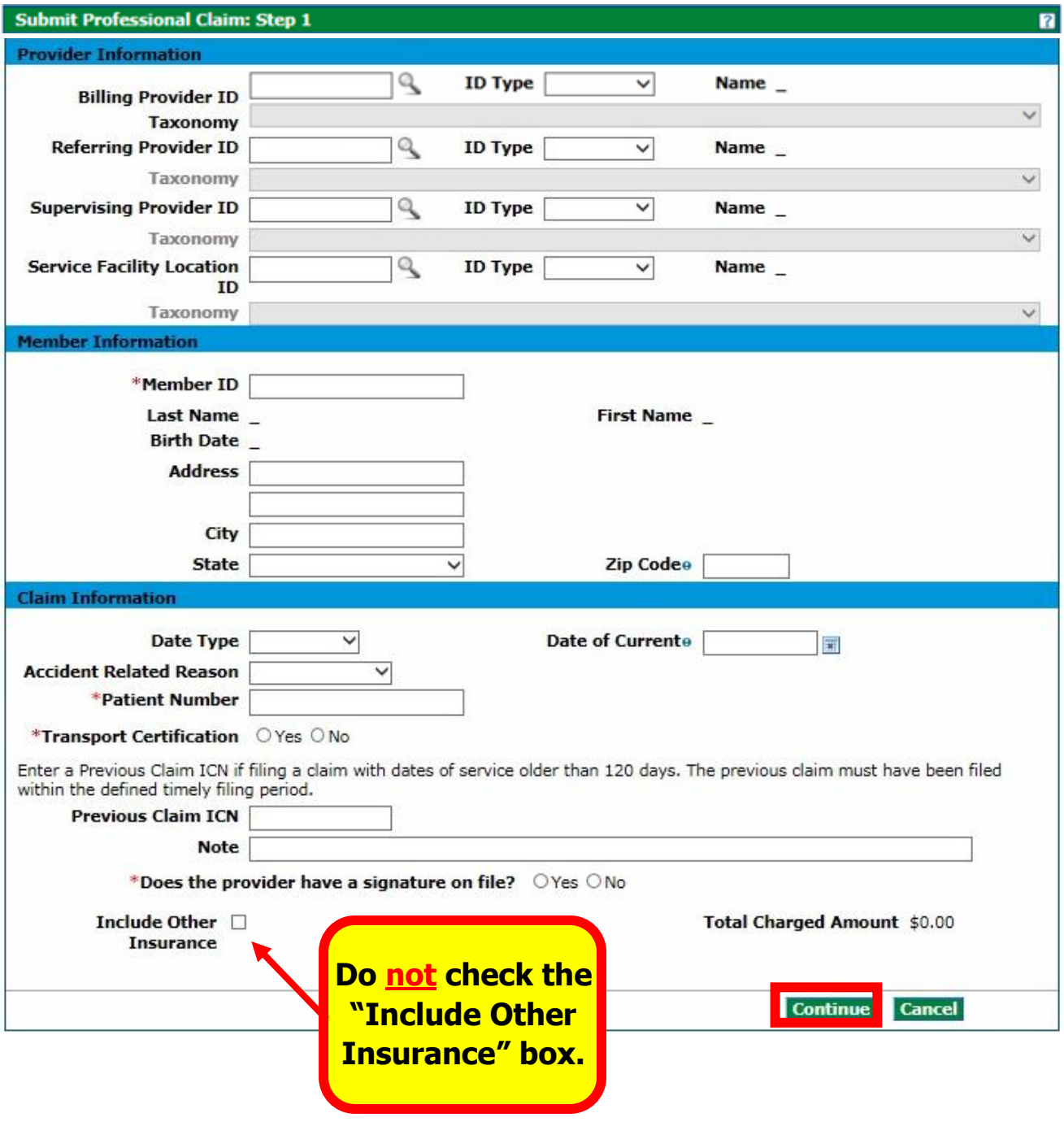
4. Proceed to the Submit Institutional Claim: Step 3 page and complete all applicable fields. Click "Add," then repeat the process until all service detail lines have been added. Once complete, click "Submit."



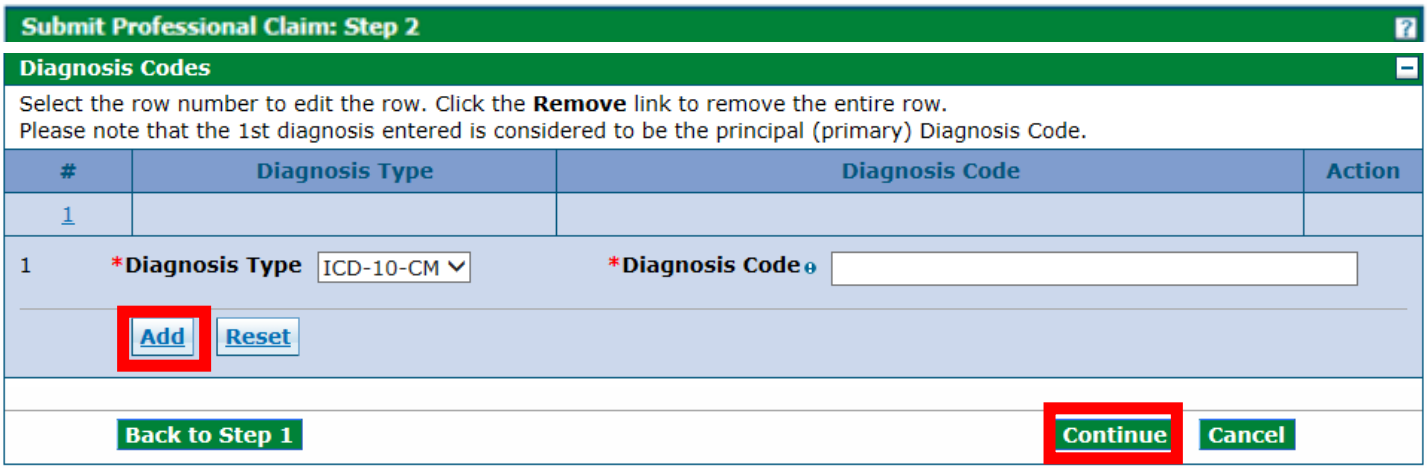
Entering Medicare Crossover Information on a Claim

Professional Claim with Medicare (Crossover)

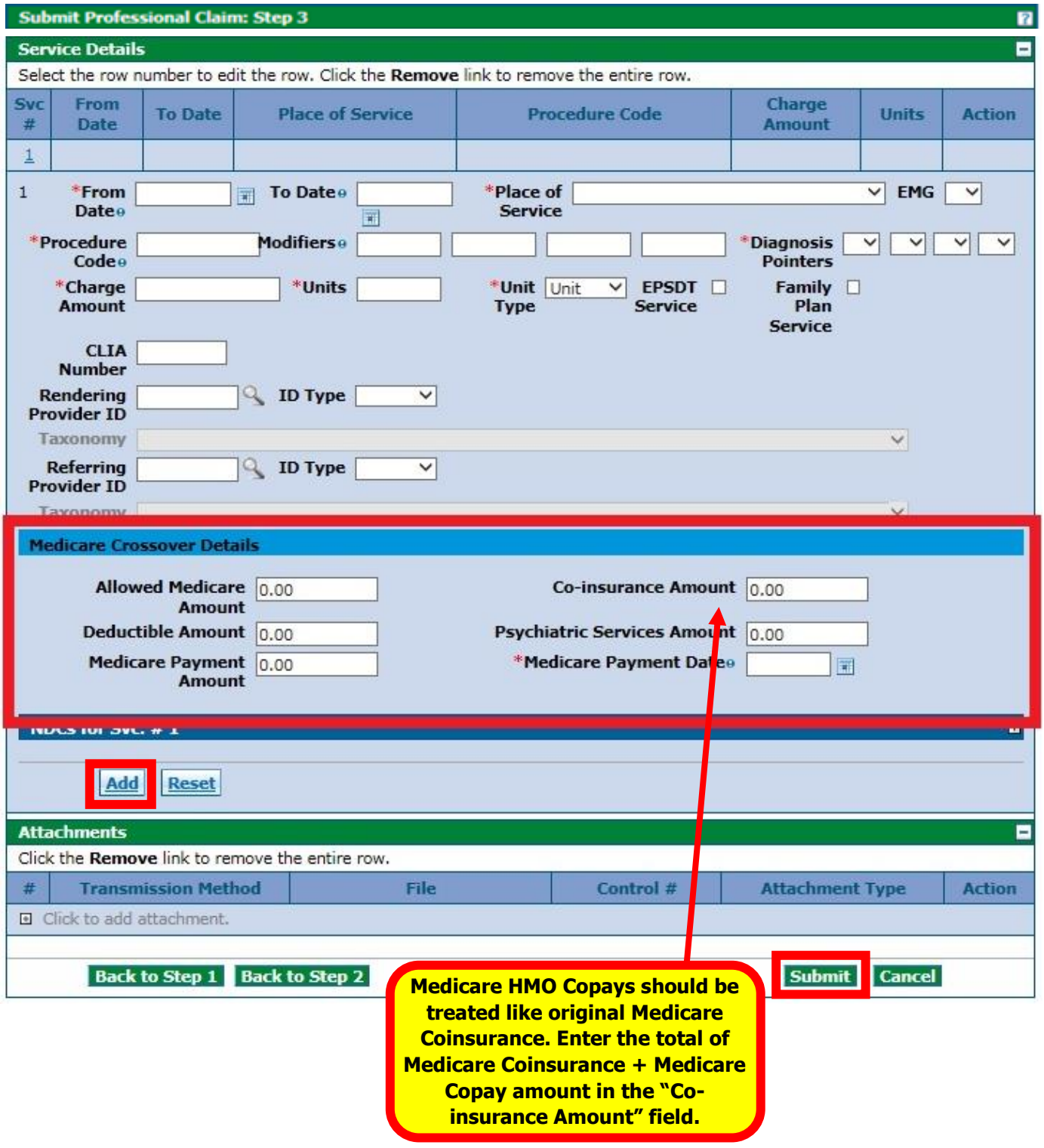
1. **On the Submit Professional Claim: Step 1 page, complete all applicable fields under the Provider Information, Member Information and Claim Information sections. Do not check the "Include Other Insurance" box under the Claim Information section. Click "Continue."**



2. On the Submit Professional Claim: Step 2 page, complete all applicable fields under the Diagnosis Codes section, then click "Add." Repeat until all diagnosis codes have been added, then click "Continue."

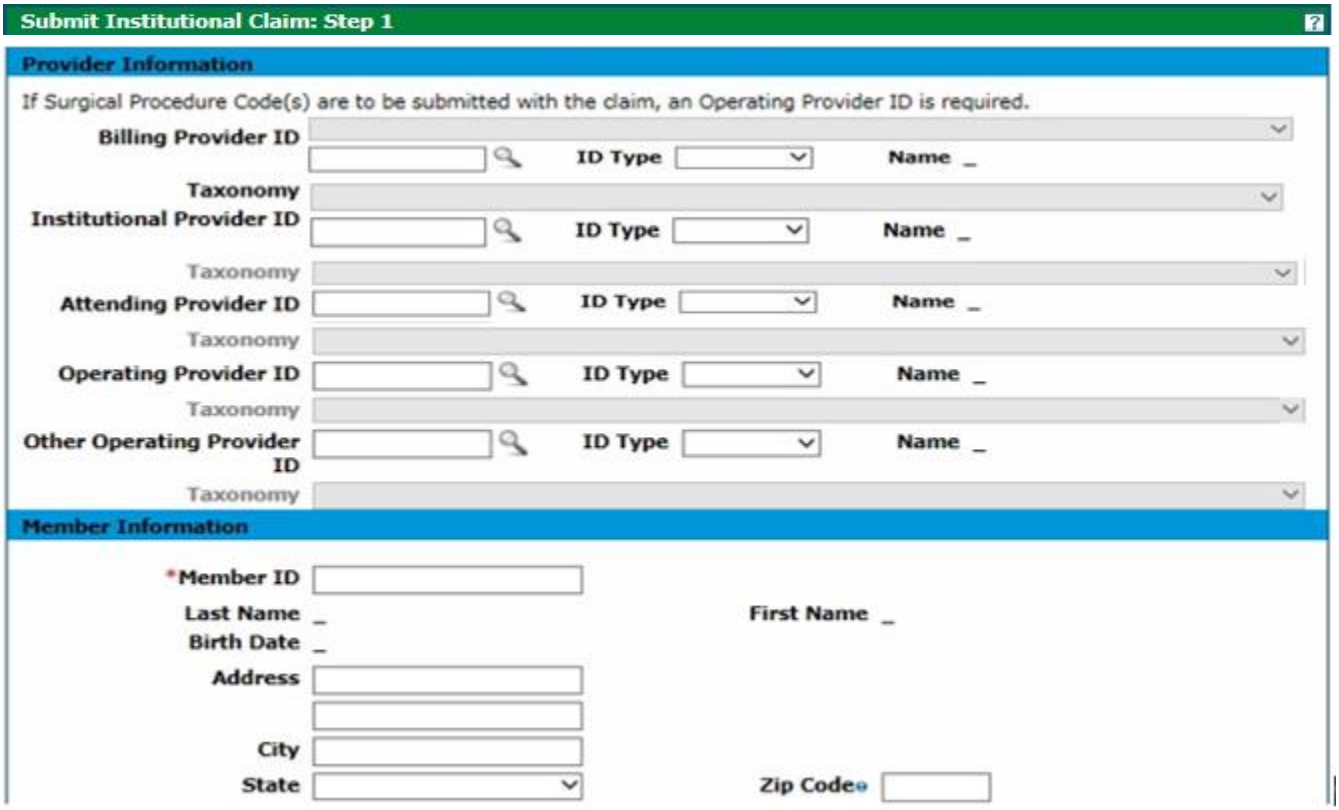


3. On the Submit Professional Claim: Step 3 page under the Medicare Crossover Details section, enter the associated Medicare crossover information for each service line. Click "Add" to repeat the process until all service detail lines have been added. Once complete, click "Submit."

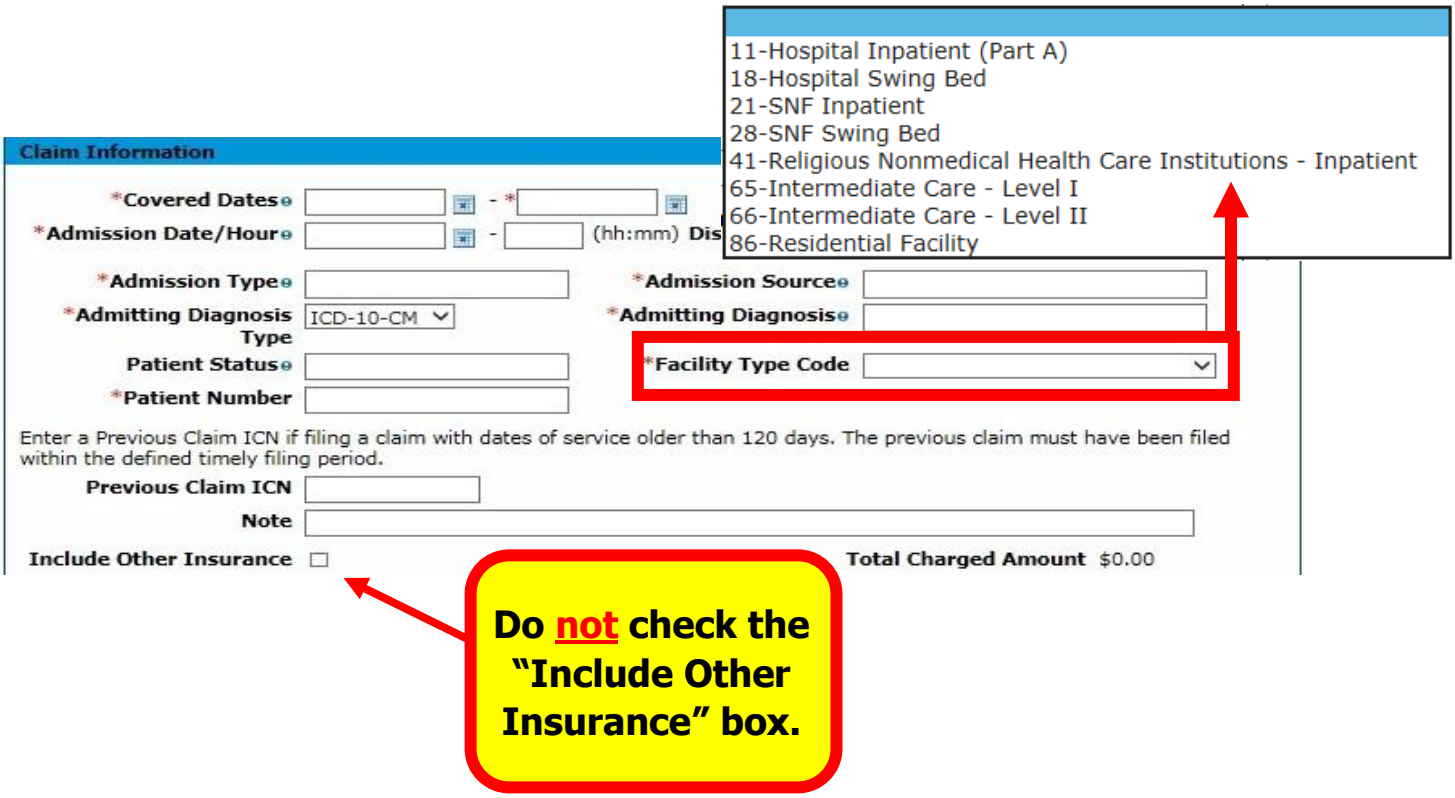


Institutional Inpatient Claim with Medicare (Crossover)

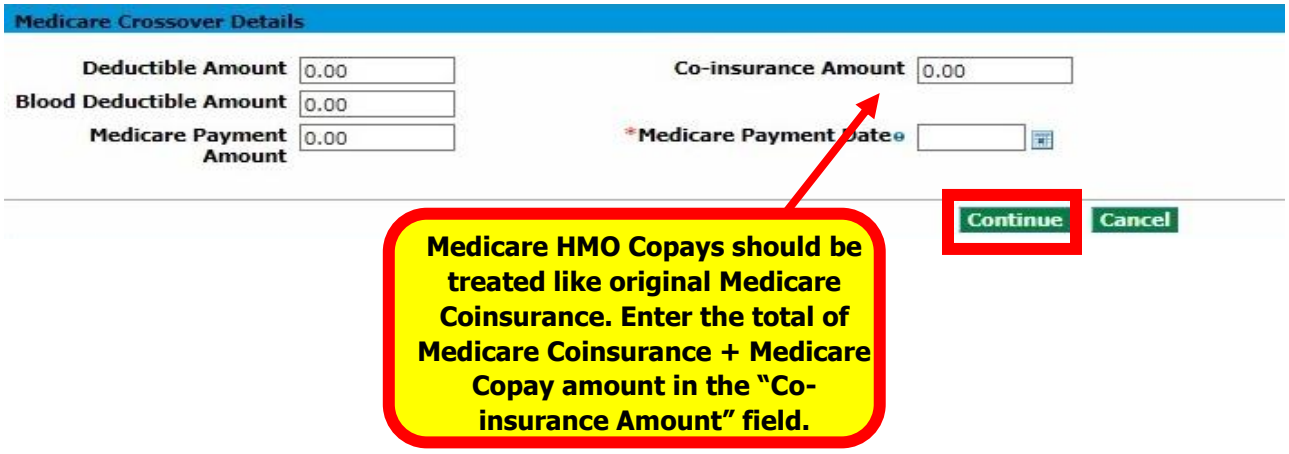
1. On the Submit Institutional Claim: Step 1 page, complete all applicable fields under the Provider Information and Member Information sections.



2. Proceed to the Claim Information section and complete all applicable fields. Select the appropriate Facility Type Code from the drop-down list. Do not check the "Include Other Insurance" box under the Claim Information section.

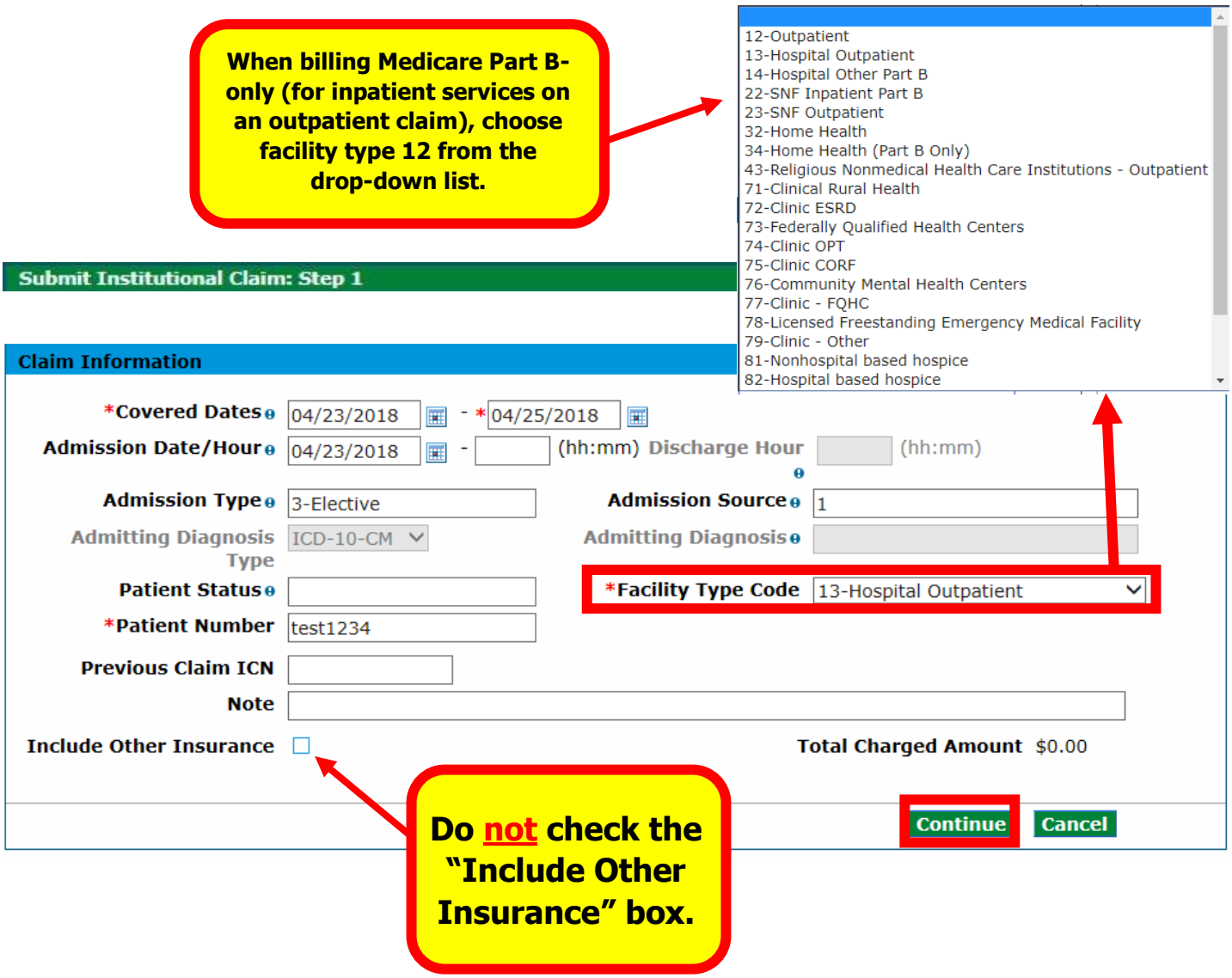


3. Proceed to the Medicare Crossover Details section and complete all applicable fields, then click Continue."

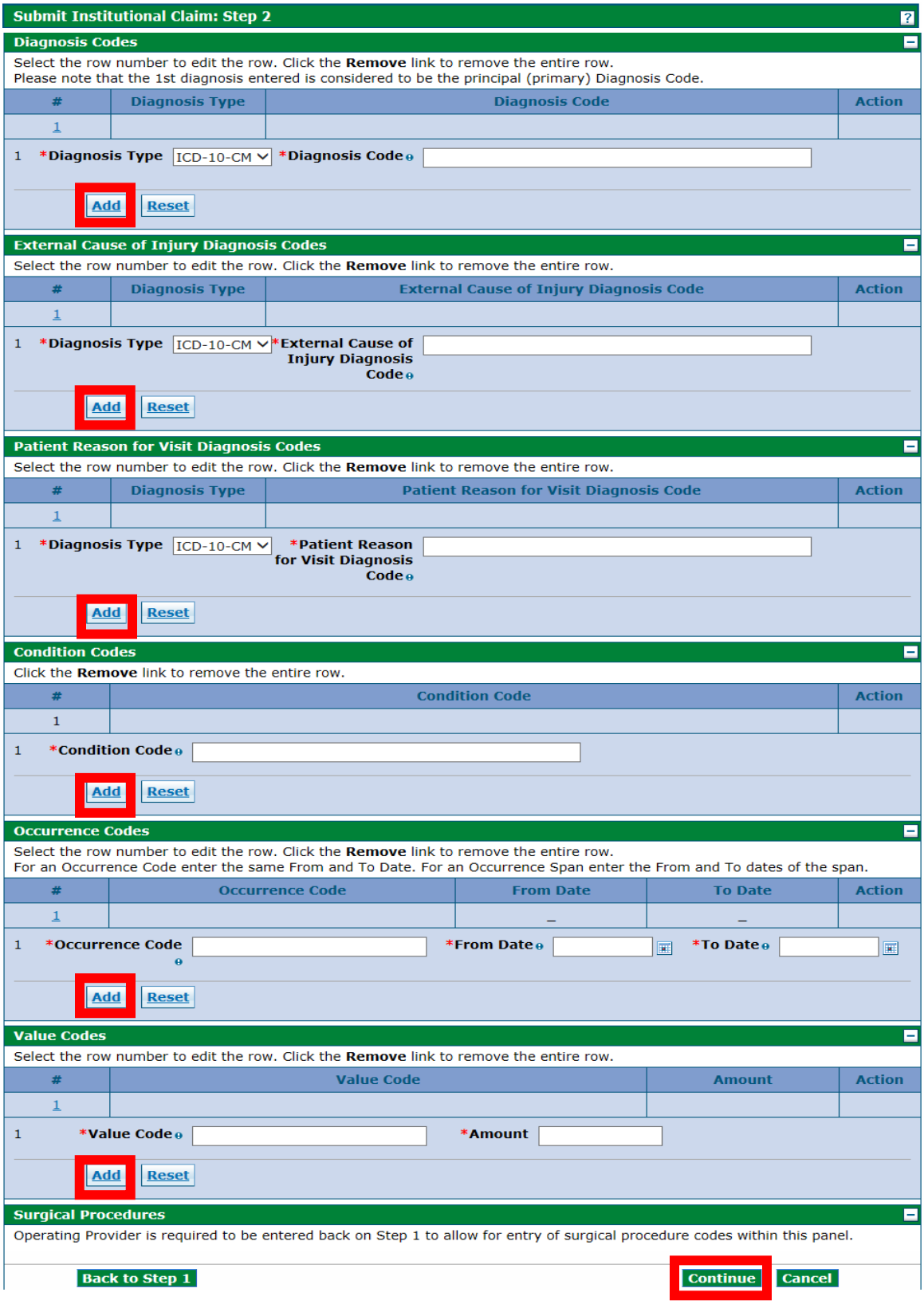


Institutional Outpatient Claim with Medicare (example for Part B-only)

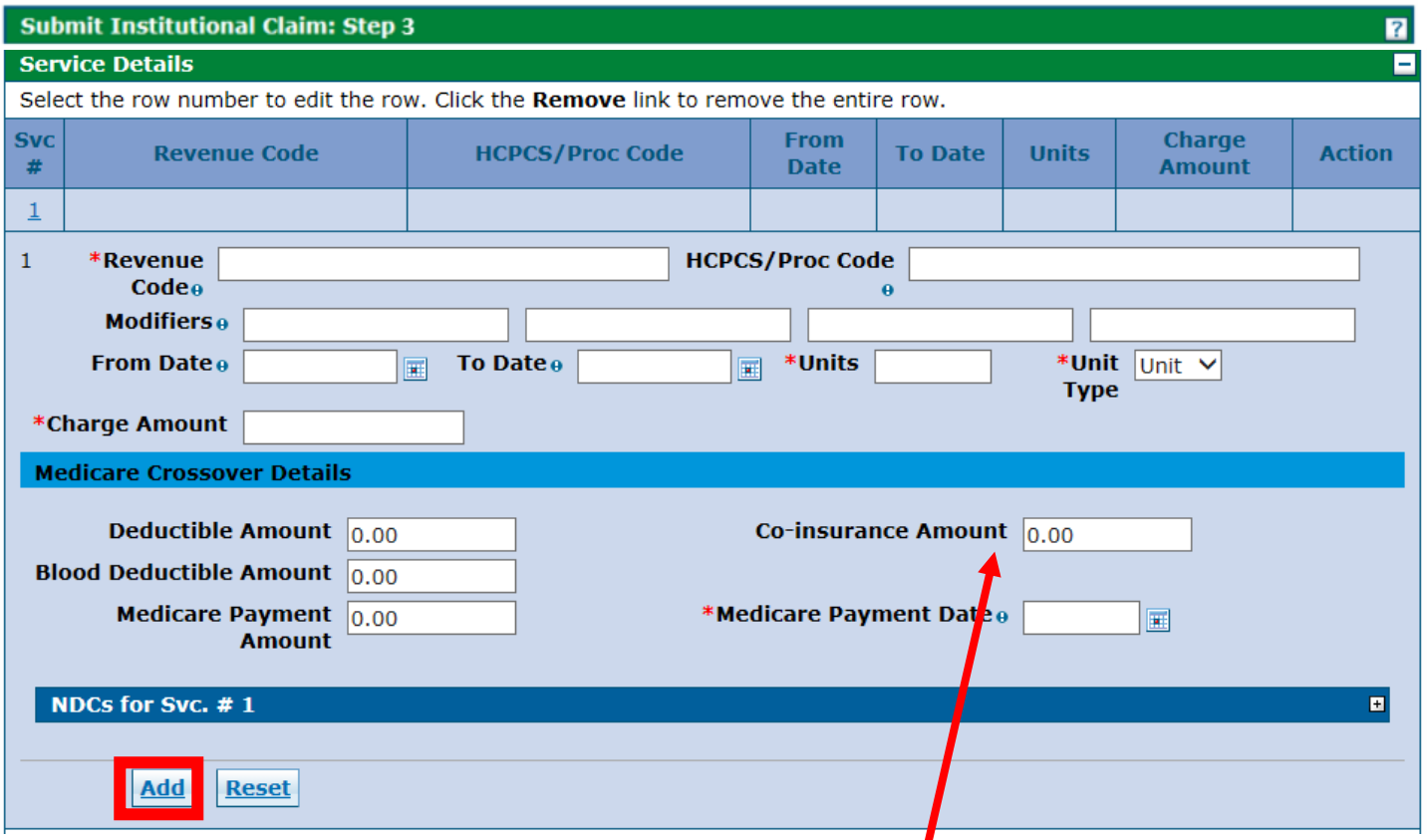
1. On the Submit Institutional Claim: Step 1 page, complete all applicable fields. Do not check the "Include Other Insurance" box under the Claim Information section. Once complete, click "Continue."



2. On the Submit Institutional Claim: Step 2 page, complete all applicable fields, then click "Add." Repeat the process as needed for each detail line. Once complete, click "Continue."



3. On the Submit Institutional Claim: Step 3 page, complete all applicable fields under the Service Details section. Enter the associated Medicare Crossover Details for each service line. Click "Add" to repeat the process until all service detail lines have been added. Click "Submit" once completed.



Medicare HMO Copays should be treated like original Medicare Coinsurance. Enter the total of Medicare Coinsurance + Medicare Copay amount in the "Co-insurance Amount" field.

Need More Help?

Please visit the Quick Guides and Webinars web page to find all the Provider Web Portal Quick Guides:

Aid Code and Benefit Plan Acronyms

Are You Billing from the Correct Account?

Copy, Adjust, or Void a Claim

Delegates

Delegate Access Definitions

Entering NDC Information on a Claim

Entering Third-Party Liability

Provider Maintenance

Provider Maintenance – License Update

Pulling your 835 - Linking to your own TPID

Pulling Your Remittance Advice (RA)

Reading Your Remittance Advice (RA)

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

Submitting a Claim with Other Insurance or Medicare Crossover Information

Updating Additional TPL Information

Updating your EFT

Updating your ERA

Verifying Member Eligibility and Co-Pay

Viewing Prior Authorizations in the Portal

Web Portal Registration

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the Provider FAQ Central web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

Session #1	Access the new Portal, Portal Registration, Log in, My Profile, Manage Accounts (including delegates)
Session #2	Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment
Session #3	Member Information and Eligibility Verification
Session #4	Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment
Session #5	Notify Me, Alerts, Secure Correspondence
Session #6	Files Exchange, Resources
Session #7	Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)
Bridge	Bridge training for Community Centered Boards (CCBs) only